

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34970

1. PLACE OF DEATH

County
Township
City
(No.)

Registration District No. 791
Primary Registration District No. 1003

File No. 9151
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 14 R. 2nd Shawmut Pl. St. 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Coratha Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 - 1893

7. AGE YEARS 40 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Railway Express Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1933 11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Frank Steffen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Margaret Curry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Mrs. Coratha Steffen

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Oct 25 1933

19. UNDERTAKER (ADDRESS) 1235 Shawmut Pl.

20. FILED 24 1933 19 J. Brebeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jun 30 1933 to Oct 16 1933. Last saw him alive on Oct 23 1933. Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Date of onset

82A 56A

Other contributory causes of importance: Rheumatism, Endocarditis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Solon P. Harey, M. D.

(Address) 361 1/2 Grand Ave

Dr Harris
3617 Mikrand